

SOUTHERN CALIFORNIA MEDICAL SOCIETY

Edgerton Crispin, M. D., Secretary

The Southern California Medical Society held its sixty-ninth regular semi-annual meeting in Los Angeles on the 2d and 3d of November. All sessions of the meeting were well attended. The following scientific program was presented:

Edwin F. Chamberlain of San Diego read a paper on "The Importance of Early Diagnosis in Tumors of the Urinary Bladder." In this paper Chamberlain stated that tumors of the urinary bladder are either malignant or potentially malignant. Hematuria is one of the first symptoms, which indicates, a cystoscopy to determine the source of the trouble and its apparent nature. This paper was discussed by Leon Roth, Robert Day, Raymond Schultz of Los Angeles, and H. P. Newman of San Diego.

Holland G. Hambleton of Los Angeles, who has had a very large experience in the treatment of intestinal infections at the Ancon Hospital, presented his observations on "The Recognition and Treatment of Pathologic Amebiasis." The following points were brought out: The necessity of having a fresh, warm specimen to find motile amoeba. The differentiation of cyst-forms by the number of nuclei, and the forms taken by the chromatin in the nuclei. The treatment with emetin hypodermically and bismuth subnitrate in large doses by mouth with liquid diet, and rest in bed. This paper was freely discussed by Roy Hammack, John Merrill, and Paul Roen of Los Angeles.

The status of "Arterial Sympathectomy in Reynaud's Disease" was presented by Maurice Kahn of Los Angeles. Kahn's paper brought out a very free discussion by Fred Ray, Frank Pottenger, George Dock, James T. Percy, Joseph Swindt, H. D. Barnard, A. H. Zeiler of Los Angeles, and Frank J. Dingeman and M. C. Harding of San Diego.

"The Rationale and Technique of Surgical Treatment of Flat Feet" was the subject of Charles Lowman's paper, which was a lantern-slide presentation. The resumé of his paper included the following as the reasons for his procedure: When congenitally faulty, acquired flexible or rigid flat feet fail to improve after appropriate corrective treatment, operation indicated. When navicular low in childhood often becomes too large to allow forefoot to be adducted and pronated, especially if hooked type with os tibiale externum. Faulty pull of anterior tibia in front and short Achilles behind render correction by exercises impossible. Plantar ligaments must be shortened, pull of anterior tibia changed, Achilles lengthened, navicular bone replaced and permanently held. Lowman's paper was discussed by Reed, Gottlieb, O. O. Withere, H. D. Barnard of Los Angeles, M. C. Harding of San Diego, and Captain Edgar Thompson, Medical Corps, United States Navy.

On Friday evening the first paper was by Carl Rand of Los Angeles on "Observations on Spinal Cord Tumors," with lantern-slides and case reports. The general discussion included all types of neoplasm occurring within the spinal canal. Symptomatology was considered from standpoint of location and extent of the growth in question. Pathology of tumors and variations of spinal fluid were taken up. Ten cases were presented with charts of clinical findings and microphotographs of specimens removed at operation. These included two sarcomas, three endotheliomas, one fibroma, one fibroangioma, one chondroma, one tuberculoma, and one carcinoma.

Herbert Evans, professor of anatomy, University of California Medical School, gave the results of his experimental work determining the "Hormone of the Anterior Hypophysis." Dr. Evans, as usual, when appearing before Southern California audiences, was very well received. Keen appreciation was ex-

pressed for the high quality of the scientific observations which he presented.

The Saturday morning session opened with a paper by Burnett Wright of Los Angeles on "Cystoscopy in Children" in which he said that modern urology is on so firm a basis that few adults are denied its benefits when needed. Improvements in technic and instruments have made it possible to apply these same principles to infants and children. Every surgical lesion of the kidney and ureter, and most of those elsewhere in the urinary tract of adults, may occur in children. Wright's paper was discussed by Anders, Peterson and Farmer of Los Angeles, and A. J. Thornton of San Diego.

The next paper was by A. H. Galvin of the Johnston-Wickett Clinic of Anaheim on "Some of the Causes and Methods of treatment of Backache." Galvin divides the causes of backache into two main groups—remote and direct. He emphasizes the value of a diagnosis by elimination rather than by election, and of routine Roentgen-ray examination in these cases. He gives the symptoms, treatment, and prognosis of each of the direct causes, and stresses the points of differentiation. This paper was discussed by Alfred Gallant, John Dunlop and Charles Lowman of Los Angeles, and H. P. Newman of San Diego.

John Bacon, chief surgeon of the Mianii Inspiration Copper Co., Miami, Ariz., discussed "Some Phases of Industrial Surgery." His paper presented the claims of industrial surgery as a specialty, and made a plea for the establishment of hospitals especially planned and equipped for the care of industrial injuries, financed by groups of plants according to geographical location and supported by the hospital fees usually charged for compensation cases. Provision for families of workers at a moderate fee was included in the plan. Harlan Shoemaker and C. G. Toland of Los Angeles discussed this paper.

Nelson W. Janney of Los Angeles, with lantern-slides showed a series of "Orthopedic Deformities in Endocrine Diseases." He said that the development of the skeleton and ligaments is retarded in hypofunctional endocrinopathies. Adiposity is common. Muscle tonus is subnormal, due to hormone starvation and underexercise. Orthopedic deformities, especially flat feet and lordosis, are thus caused in endocrinopathies. Knock-knees, bow-legs, and spinal curvatures are less frequent. Orthodontal deformities due to endocrine disease have been the subject of a special paper by the writer. Treatment of orthopedic deformities in endocrinopathies should be twofold: (1) orthopedic (2) by endocrine extracts. The endocrine etiology of orthopedic deformities has not been emphasized nor duly recognized in the literature. Janney's paper was discussed by Clifford Wright and Edward N. Reed of Los Angeles, and H. Lissner of San Francisco.

The last paper of the morning session was by Guy Cochran of Los Angeles upon "Hypertrophic Pyloric Stenosis in Infants." In his discussion, Cochran said that pyloric stenosis in infants is a congenital disease, the pathology being a hyperplasia of the unstriped muscle of the pylorus. The symptoms are projectile vomiting, rapid exhaustion, visible peristalsis from left to right, constipation and presence of a tumor at the pylorus. The majority of unoperated cases die. During their care constant warmth and fluids are of utmost importance. Ether anesthesia is best. The Fredet-Rommet operation is the one of choice. Of our fifty operated cases, sixteen died; the other sixty-eight are well. Our mortality is too high because these cases are not recognized, or are allowed to lose over 20 per cent of weight before operation, and are, therefore, desperate surgical risks. Cochran's paper was discussed by Edward Ruth of Hollywood, who took up the pathology of stenosis. Rexwald Brown of Santa Barbara and A. J. Thornton of San Diego took part in the discussion.

The Saturday afternoon session was opened by a

series of studies in the "Use of Insulin in Diabetes." Howard West of Los Angeles presented the first portion of the paper, which was a preliminary report on his respiratory studies and in which he said that indirect calorimetry is a valuable aid in studying the metabolism of diabetes and the effect of insulin. In the non-diabetic, insulin causes a rise in the respiratory quotient, indicating an increase in the per cent of calories derived from glucose with a simultaneous fall in the blood-sugar. The respiratory curve is similar to that following the ingestion of pure glucose. In the diabetic the effect of insulin is similar to that of the non-diabetic. The diabetic responds less readily to the ingestion of glucose, the respiratory quotient at times showing a tendency to fall. Acid bodies tend to appear in the urine when the molecular ratio of fatty acid to glucose exceeds 1.0.

The second portion of these studies were clinical phases, with results of personal observations by Bernard Smith of Los Angeles, in which he said that a maintenance diet may be considered to be one that will support a strength sufficient for the normal activity of the patient. Such a diet must be normally metabolized and must keep the patient in nitrogen balance. A glycosuria will develop if the diabetic diet greatly exceeds the caloric requirement of the patient, and a gradually increasing dosage of insulin will be needed to control the condition. Such a glycosuria may result even though the glucose value of the diet is within the tolerance limit. A glycosuria will frequently develop when the caloric value of the diet is well below the energy expenditure. Such a glycosuria will be associated with a marked excess in the nitrogen output. A study of the energy requirement of each diabetic patient is important, and it is only through such studies that the greatest good from insulin can be obtained.

H. Lisser of the University of California Medical School presented a lantern-slide clinic on "Types of Ductless Gland Diseases." Lisser's observations on these types of people with whom he has to deal were very well received and of great interest to an appreciative audience.

Elmer Belt of Los Angeles presented, with lantern slides, results of his "Experimental Work on Renal Circulation and Its Surgical Application," in which he said that the changes produced in the circulation of the kidney, following ligation of one of the larger renal arterial branches, are clearly portrayed by means of the celluloid injection method. An almost absolute ischaemia, confined to the region supplied by the blocked vessel, is followed by a late ingrowth of small anastomotic channels into the bloodless area. These increase in size, up to the fifth week when scar-tissue formation, resulting from the long period of ischaemia, again makes the area relatively avascular. The end-result is a depressed stillate scar equal in area to the region supplied by the ligated branch. The work is presented as a warning to those who might be tempted to ligate renal arterial branches in the course of operations on the kidney, and shows that restoration of function in such areas is impossible.

Frank Porter Miller of Los Angeles presented a series of studies upon the "Carbondioxide Combining Power of Blood Plasma in Pulmonary Tuberculosis." This paper was the result of blood chemical observations over a large series of patients with tuberculosis, covering a considerable period and containing interesting data in regard to the question of acidosis in tuberculosis.

On Saturday evening following an address by Robert Pollock of San Diego, the president of the society, in which he took up briefly the aims and purposes of the society, Robert Millikan, director of the Norman Bridge Laboratory of Physics, and chairman of the administrative council of the California Institute of Technology, gave the address of the evening. Millikan, in his clear and forceful way, discussed from a scientific standpoint the results of

his observations on the so-called electronic method of treatment and diagnosis, which is more or less in vogue with a certain class of "doctors" at the present time. Following the results of his observations from a purely scientific standpoint, it was his opinion that a knowledge of high school physics would have permitted many of those persons using this method of treatment and diagnosis and many of the people employing such a method to realize that, from the standpoint of physical fact, it is pure nonsense. Following this, Millikan expressed the belief that the antidote lay in a better scientific foundation or knowledge for both the physician and the general public, and that this better fundamental knowledge would prevent many people, both so-called professional men and laity, from taking up procedures that were unsound in principle and had no basis in fact.

The following officers were elected for the coming year: President, Egerton Crispin, Los Angeles; first vice-president, Rexwald Brown, Santa Barbara; second vice-president, Allen Bramkamp, Banning; secretary-treasurer, Charles T. Sturgeon, Los Angeles.

The Yardstick of Success—Investigative work in medicine and the publication of the results thereof have come to be the yardstick by which the success of the individual and the excellence of the institution in which he works is measured. Medicine must progress or retrogress, for nature is a flux and there is no standstill, and that which does not go forward is left behind; it is one of the laws that bind us. Nevertheless, there are certain humanitarian laws which are imposed upon us as well, and a consideration of these should give us pause before we plunge ourselves too completely into an absorbed contemplation of science in vitro.

The unfortunate ones whose wounds must be dressed still demand an obligation of us; skill in the care of the sick must still be employed and should still be taught. It is worthy of comment that of a recent graduating class of a famous medical school only seventeen men were destined to enter general practice. The dearth of physicians able and willing to practice medicine in our rural communities is justly a matter of some concern. Is medicine and should medicine be a self-perpetuating science working in a general way only for the ultimate good of humanity in the abstract, or should one of its functions be to impart a little warmth and comfort to the sufferers at its door? It might be said that much flour is being milled, but few are being taught to make bread.

The Journal has long been of the opinion, and has before this expressed it, that the scientific achievements of the members of our medical faculties are worthy of great recognition, and it is glad that most of our medical schools have such individuals on their faculties. It is, however, also of the opinion that those rare men who, while capable of appreciating the advances of science, have also a knowledge of the roots and branches of disease, and an understanding of their fellow men in sickness and in health, and the quality of imparting some of their knowledge and of inspiring others to seek it are worthy of still greater recognition, for they are rare indeed and their value is not to be taken lightly.—(Editorial, Boston Medical and Surgical Journal, October 18, 1923.)

"State Medicine is Extravagant Medicine—Even a member of Parliament does not work for the State for nothing, and very few State workers will do more than they are obliged for their money—they get no thanks if they do. Not only must every worker be paid, but an army of paid administrators, inspectors and financial controllers must at once be super-imposed on the workers to see that they do their work and do not spend too much money."—Sir Richard Luce.